

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016751

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS SLIP

AMENDED

Registration District No.

318#337683

SL#2791003

Registrar's No.

4426

Primary Registration District No.

PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

ST. LOUIS, MISSOURI

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

VAH, ST. LOUIS, MO.

d. STREET ADDRESS

424 RICHARDT AVE.

e. COUNTY

3. NAME OF DECEASED (Type or print)

First

HENRY

Middle

ELLERBROOK

Last

4. DATE OF DEATH

Month

APRIL

Day

29

Year

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/11/88

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY

WARRICK CO., IND.

11. BIRTHPLACE (City and state or country)

USA

12. CITIZEN OF WHAT COUNTRY

ALPHA ELLERBROOK

13a. FATHER'S NAME

HENRY ELLERBROOK

13b. MOTHER'S MAIDEN NAME

ELIZABETH GABLE

14. NAME OF HUSBAND OR WIFE

ALPHA ELLERBROOK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

YES

16. SOCIAL SECURITY NO.

17. INFORMANT

ALPHA ELLERBROOK

Address

SEE 2D

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACUTE LEUKEMIA

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from

Death occurred at

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Browning Funeral Home, Evansville, Indiana. APR 30 1962

Evansville, Indiana.

Road Smith, M.D.

Rev. 4/59

2009

2813028X

3

4

5

6

7

8

9

10

11

12

13

83

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

SHOULD READ

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Stanley A. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.